

**Local & State Program Standing Committees for Adult Mental Health  
Friday March 24, 2006  
Participant Comments**

We need to consider what we can do individually at the local level to reduce stigma, for example letters to the editor of the local paper.

Identify the specific lessons that were learned from the experiences in Vergennes and Greensboro, and how to apply them to future efforts to create community recovery residences.

The proposal for a community recovery residence in Williamstown is different than, but not better or worse than the proposals in Vergennes and Greensboro.

The futures Plan should include how programming addresses an individual's spiritual needs as an essential part of the recovery process.

We need a community outreach strategy for towns that may host the primary inpatient facility.

More outreach is needed from those with a psychiatric diagnosis to those who do not carry a diagnosis. Let people know who you are.

Tap into the existing communications and public education resources at the Department of Health to address issues of mental health and stigma.

Use the national observance of "May is Mental Health Month" as an opportunity to address stigma.

The existing Peer Education Program (PEP) used by WCMHS is working well. Peers go to the high schools, tell their stories and respond to questions. This helps to address stigma at its source.

Book recommended: "Lent in the Psychiatric Ward" (Christian Century).

As we develop the new inpatient units, keep asking "what makes a hospital a positive, healing place? How can peer support work best there?"

The Futures Plan is not just about replacing VSH. It's about rebuilding our entire MH system, including housing, crisis stabilization, transportation, peer support, system-wide care management etc. The VSH crisis has propelled us onto a new plateau.

New inpatient beds should be distributed among all the hospitals in state, not just in two or three locations. This allows patients to stay connected to their local communities.

Why hasn't the property behind VSH been considered? It seems like a "done deal" with Fletcher Allen.

*(Beth Tanzman responds)* We need to integrate physical healthcare with mental healthcare, so proximity to a general hospital is a plus. Affiliation with a teaching hospital is also a plus for parity. Rutland and Brattleboro Retreat are both interested, and Fletcher Allen is not a done deal. An independent architectural group (A-Plus) is conducting a Fletcher Allen feasibility study to help make decisions.

It sounds like a grandiose project – where is the money coming from?

*(Beth Tanzman responds)* The governor is committed fully to fund the system envisioned – also currently it is costing money to run VSH – that money will become available for future replacement of VSH

We need to work with the media – they are saying “Why not keep things in Waterbury – that’s where they’ve always been.” We need to embrace change, not fear it!

Is BGS looking at alternative sites?

*(Beth Tanzman responds)* Yes, BGS (Buildings and Grounds) is the part of the state that is very good at getting buildings constructed – they have done a search for specialty firms (like A-PLUS) who have had experience building psychiatric units – so that many of our concerns will be addressed appropriately – they determine things like how much square footage is needed to make an environment comfortable, kinds of lighting, areas for privacy, etc.

Central Vermont Medical Center is not considered a feasible site because of its small size. On some days the population at VSH is greater than the pop at CVMC.

Why not reconsider the Fanny Allen Campus? It’s less crowded, has more outdoor space for patients, parking is reasonable, more easily accessed by visitors. Why cram the new inpatient unit into the most congested ten blocks in the state of Vermont, with all of the limitations and expense that come with it?

Fanny Allen campus is too distant from other medical care.

I went to the State Hospital once and it really scared me – we need a better environment!

What kind of time-line do we have?

*(Beth Tanzman responds)* for community recovery, we can do that yesterday, the money is allocated and ready to go; for the new crisis stabilization beds we plan to do 4 before Christmas and others within 18 months; for consumer services we are projecting February if we have something developed by then; housing is a huge need – we have to do some work to do here but we hope to move on this soon; care management is moving along in workgroup meetings; transportation is another huge need – this is being addressed between July and October; inpatient is hard to estimate the timing – until reports are out sometime at the end of May – then we can anticipate 18 months for processing/licensing/community input etc + another 18 months to build – that’s at least 3 years.

Linda Corey asked if we can use the Website to list care management meetings – Beth said that was possible.

What makes a hospital a healing place? We have the need for a community system of services – not just inpatient. The plan is to re-do the state hospital into a new vision, a

new location(s) with one somewhat large unit and 2 smaller units so there is something available close to people's communities – as well as 10 new crisis stabilization beds.

Why are we replacing the VSH beds? This just re-entrenches our history of institutionalization. Are we closing VSH or just moving it? Where does our commitment to "less coercive" come into play in the Futures Plan? Supporting the Plan means supporting the current system of coercion.

Support the Plan as a launching point, and evolve it as we go along.

Services for children should be incorporated into the Plan.

The Plan should include a place for alternative, non-medical programming.

Psychiatry should be available in every hospital in the state.

Linda Corey spoke about VPS trainings and support currently available.

Nick mentioned discussion in the care management workgroup of direct peer involvement in the assessment process for patients leaving inpatient settings. Peers would work with patients in identifying the characteristics of the most recent stable period, and this becomes a baseline for the plan of care.

Jeff Rothenberg reviewed the CRT Directors statement addressed to the VSH Futures Advisory Committee that identifies stigma as the single most important mental health issue – and also listed the need for transportation, housing, transitional services for aging-out youth, etc. It was recommended that the list of recommendations be prioritized.

Michael Sabourin reviewed the events at Greensboro. Sandy Smith reviewed the events at Vergennes.

Tom Simpatico reviewed the work of the Clinical Care Management workgroup. Defining levels of care in the least restrictive environments. Docking station model for transferring information in a uniform way between psychiatry, nursing and social work. LOCUS assessment tool at the front and back end. This system supplements person to person exchanges and does not replace them.

Michael Hartman reviewed the proposal for a community recovery residence in Williamstown. A community forum is scheduled for 3/28 with others to follow. Programming proposals include employment of consumers, contract with VPS to be part of tx group, consumer based transportation system and peer supports.

Clare Munat proposed that we vote to support the Futures Plan. After a discussion that included opinions both pro and con, Clare's motion was withdrawn and a motion by Jeff Rothenberg was proposed. Jeff's proposal includes the following:

- Support for the efforts to develop Residential Recovery in Williamstown
- Support for the CRT Directors statement on Stigma
- Need to focus efforts on Public Education about mental illness

Jeff's motion was unanimously approved by everyone in the room.

## **CONSENSUS BOARD**

A "Consensus Board" was used to list items that are thought to be in need of consensus. These items include the following:

- ♣ System without Coercion( while maintaining the need to provide for safety)
- ♣ Consumer-centered/driven
- ♣ CRT Directors' statement about Stigma and important system needs
- ♣ Support for Williamstown project
- ♣ Positive examples are needed to educate our community
- ♣ Public Education focus
- ♣ May is Mental Health Month efforts